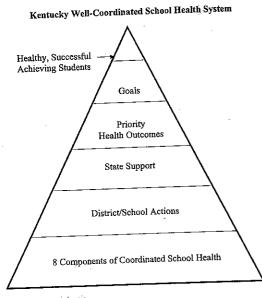
# Promising Practices for Strengthening School Health Programs in Kentucky

By Barbara Donica



CDC "An Expanded Understanding of School Health Programs"

o better describe the actions that state agencies, local districts and schools can take to strengthen school health programs, the Commonwealth has adopted a framework entitled "Kentucky's Well-Coordinated School Health System." This system takes health and education concepts and organizes school health activities within a framework where schools and districts can implement their health/wellness policies and programs. In addition, it addresses five goals to ensure each child becomes a healthy, achieving and successful student: increasing health knowledge and skills, increasing healthy behaviors, increasing positive educational outcomes, increasing positive social outcomes and reducing disparities so each and every child can reach proficiency.

The establishment of a coordinated school health program (CSHP) or wellness program forms the foundation of the system. Many school administrators are familiar with the CSHP model, and many of the components already exist to some degree in Kentucky schools. The CSHP components include health education, physical education/physical activity, nutrition services, counseling, psychological and social services, a healthy and safe school environment, family and community involvement and staff wellness.

There are many benefits of a CSHP, and research has shown that many of the components of CSHPs can affect health and educational outcomes. For example:

- School breakfast programs can improve student concentration and reduce behavior problems.
- Physical education programs help students learn behaviors that can keep them fit for life. Physical activity also has been associated with higher academic performance and

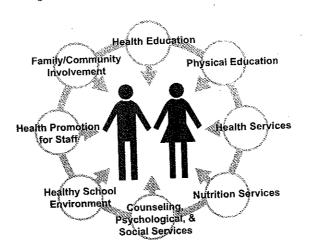
- increased self-esteem, reducing anxiety and stress levels.
- Teachers in schools with employee wellness programs are absent less often and have higher morale.

## PROMISING PRACTICES AT THE STATE LEVEL

State support is critical for CSHPs to succeed at the local level. In Kentucky, the Department of Education (KDE) and the Department for Public Health (KDPH) are working together along with many other state partners to help children "be healthy and ready to learn to achieve and be successful." KDE and KDPH developed a unique partnership in which staff from both departments work together as a team to coordinate school health policy and program efforts. Kentucky's state-level "coordinated school health team" helps school districts, local health departments and their community partners improve their school health programs by implementing "promising practices" recommended

by the Centers for Disease Control and Prevention (CDC) in Building a Healthier Future Through School Health Programs, a chapter in Promising Practices in Chronic Disease Prevention and Control: Public Health Framework for Action.

One of these promising practices is to monitor health-related behaviors, programs and policies. The KDE and KDPH administer the Youth Risk Behavior



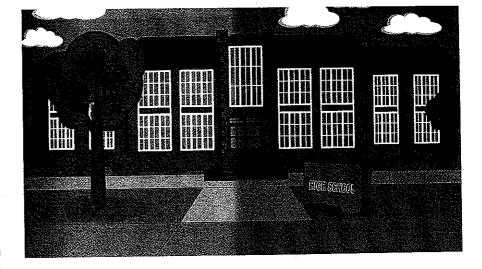
Survey (YRBS) every two years in a random sample of middle and high schools. Kentucky's 2005 YRBS data show that our commonwealth's youths are practicing behaviors or have health conditions that contribute to absenteeism, dropout, disability and even death. School administrators know that these behaviors and other conditions such as obesity and asthma can impact students' learning and academic success as well as their health. Further, approximately one in 10 children and adolescents suffers from mental illness severe enough to cause some level of impairment and affect their learning.

- Using tobacco Fifteen percent of our high school students report using smokeless tobacco during the month prior to the survey.
- 2. Unhealthy eating behaviors Eightythree percent ate fruits and vegetables fewer than five times a day during the seven days prior to the survey.
- Not physically active Sixteen percent did not participate in any vigorous or moderate physical activity, and 83 percent did not attend physical education classes daily.
- Using alcohol and other drugs

   Thirty-seven percent drank alcohol
   during the past month, and 14 percent used inhalants.
- 5. Engaging in sexual behavior causing HIV infection, other sexually transmitted diseases (STD) or unintended pregnancy Forty-six percent have had sexual intercourse, and 82 percent did not use birth control pills the last time they had sexual intercourse.
- 6. Engaging in behavior that can result in violence or unintended injuries – Twenty-three percent carried a weapon during the past month, and 9 percent attempted suicide during the past year. For more information about Kentucky's

YRBS data, go to www.cdc.gov/healthyyouth/yrbs/pdf/mortality/Kentucky.pdf.

In addition to monitoring health-related behaviors, programs and policies, KDE and KDPH have established a dedicated program management and administrative support system that addresses all eight of the recommended state actions.



### PROMISING PRACTICES AT THE DISTRICT/SCHOOL LEVEL

Districts and schools must also implement promising practices or priority actions to strengthen CSHPs in order to positively affect students' health and learning.

School administrators should designate a school health program coordinator or leader. This person is responsible for forming a school health team comprised of representatives from each component: students, family members and interested community members. Together they assess the school health

#### **8 Steps Together**

Kentucky's coordinated school nealth team and its partners work together in these ways:

- Monitor health-related behaviors, programs and policies.
- Establish dedicated program management and administrative support system.
- Build effective partnerships to support CSHP.
- Establish state policies to support implementation of the CDC's School Health Guidelines and CSHP.
- Provide technical assistance and resources.
- Implement health communication strategies.
- Implement a state plan for professional development (school districts and community partners).
- Establish a system for evaluating and improving policies and programs.

policy and program environment and develop a plan for improvement. The School Health Index (SHI), an assessment and planning guide developed by the CDC, is used by many schools to assess their nutrition and physical activity programs and policies. It also can be used to assess the school's tobacco use and safety programs and policies. The SHI has a module for each of the eight CSH components. To view it, go to www.cdc.gov/healthyyouth/shi.

Having a CSH team at the local level to identify program and policy needs around the eight components gives school administrators and other decision-makers accurate and specific information to use when building a healthy learning environment for their students and staff. In Kentucky, many schools have CSH/wellness teams that have brought together staff and community members to address the needs in the eight components of a CSHP.

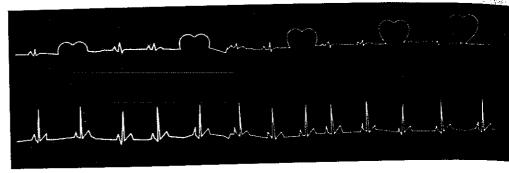
Having an established CSHP at the school level that can share with school and district leaders the needs, gaps, concerns and suggested activities to eliminate those gaps provides structured information to work with school and district planning committees. According to the "District Health Council Planning for Change" brochure (courtesy of the KDE's Branch of School Leadership and Instructional Support), there are seven general principles of planning:

- 1. Follow the district policy on planning.
- Align the initiative with the current vision, mission and beliefs.

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- Remember, the improvement planning and implementation process is continuous.
- Keep good written records (i.e. data and rationale for implementation).
- Involve all stakeholder groups in the planning process (include parents, teachers and other members of your staff such as food-service directors/managers, school nurses, public health educators and students).



- Ensure the plan reflects the combined thinking and planning of a collaborative team.
- Ask your schools to use the planning sections of "School Council Proficiency" found at www.kasc.net/kasc/ proficiency.htm.

The Well-Coordinated School Health System is a model that uses district and school action plans and improvement plans as a step to eliminate the physical, mental and social health barriers to the child's learning. Having your district leadership, including the school board, understand and work with their schools is ideal. In Simpson County, a school board member asked about school health practices that the board could support by providing resources to schools. District staff has begun the planning process by bringing in the Kentucky School Board Association and KDE's CSH staff to assist them and representatives of each of their schools in identifying the district's school health needs. Using the SHI, the district staff for each designated module will work with the school staff to complete the SHI and bring the information back to the district school health council. A meeting is scheduled for January to share this information with key community members. Priorities of need will be determined with community input prior to the February board meeting. This information will be used in their CDIP and CSIP as appropriate.

The health and well-being of each and every student is critical to that student's ability to learn and achieve. The recent policies KRS 158.845 (1) (4) (5) and KRS 158.856 (2) (3) (5) have provided guidance for school districts to implement wellness policies in the area of nutrition and physical activity. Those statutes and Section 204 of the Child Nutrition and WIC Reauthorization Action (district wellness policies, nutrition education, physical activity and other related health issues) can be a complementary effort that should result





in one plan that then can be integrated, into the CDIP and CSIP.

The KDE and KDPH coordinated school health team has one goal when working with school districts, local health departments and their community partners – one plan, one policy. Using Kentucky's Well-Coordinated School Health System provides districts and schools a process to assess, support and implement school health programs that will reduce the social, physical and

emotional barriers to learning. Getting to Proficiency by 2014 is just around the corner.

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